

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000035482

Entity Name: SAMUEL D. LOPEZ, P.A.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

FLAMINGO FALLS PROFESSIONAL CENTER  
1851 NW 125TH AVE, SUITE 331  
PEMBROKE PINES, FL 33028 US

## Current Mailing Address:

FLAMINGO FALLS PROFESSIONAL CENTER  
1851 NW 125TH AVE, SUITE 331  
PEMBROKE PINES, FL 33028 US

## New Principal Place of Business:

FLAMINGO FALLS PROFESSIONAL CENTER  
1806 N FLAMINGO ROAD, SUITE 331  
PEMBROKE PINES, FL 33028 US

## New Mailing Address:

FLAMINGO FALLS PROFESSIONAL CENTER  
1806 N FLAMINGO ROAD, SUITE 331  
PEMBROKE PINES, FL 33028 US

FEI Number: 65-0750243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ, SAMUEL DAMON P.A.  
1851 NW 125TH AVE, SUITE 331  
PEMBROKE PINES, FL 33028 US

## Name and Address of New Registered Agent:

LOPEZ, SAMUEL DAMON P.A.  
1806 N FLAMINGO ROAD, SUITE 331  
PEMBROKE PINES, FL 33028 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SAMUEL D LOPEZ

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DAMON LOPEZ, SAMUEL  
Address: 1851 NW 125TH AVE, SUITE 331  
City-St-Zip: PEMBROKE PINES, FL 33028

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DAMON LOPEZ, SAMUEL  
Address: 1806 N FLAMINGO ROAD, SUITE 331  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL D L OPEZ

PD

05/01/2008

Electronic Signature of Signing Officer or Director

Date